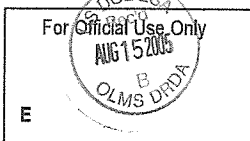


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8353	2. Fiscal Year Covered From: 01 / 01 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name JOSEPH T MATTESI P.O. Box, Bldg., Room No., if any Street 210 CAROL AVENUE City PELHAM State NEW YORK ZIP Code + 4 10803	4. Name, file number, and address of labor organization. Name TEAMSTERS LOCAL 272 (IBT) Labor Organization File Number 010-930 P.O. Box, Building and Room Number, if any Street 270 EAST 23rd ST City NEW YORK State NEW YORK ZIP Code + 4 10010
5. Position in labor organization. VICE PRESIDENT / BUSINESS AGENT	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Joseph Mattesi

On 8/10/05
Date

212-726-9726
Telephone Number

Name of Person Filing

JOSEPH T MATTESI

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ICC CAPITAL MANAGEMENT

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 390 NORTH ORANGE AVE 27 FL.

City ORLANDO

State FLORIDA ZIP Code + 4 32801

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name LOCAL 272 WELFARE TRUST FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 220 EAST 23RD STREET

City NEW YORK

State NEW YORK ZIP Code + 4 10010

11.a. Nature of such dealing.

INVESTMENT ADVISOR
FOR RELATED WELFARE
FUND

11.b. Approximate dollar value of such dealing.

\$65,000.00

12.a. Nature of interest held or income received.

DINNER MEETING AT
TEAMSTERS UNITY
CONFERENCE MAY 2004

12.b. Amount.

\$250.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing JOSEPA T MATTESI	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name LOCAL 272 PENSION & WELFARE</p> <p>Trade Name, if any: TRUST FUND</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 220 EAST 23RD STREET</p> <p>City NEW YORK</p> <p>State NEW YORK ZIP Code + 4 10010</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>RELATED HEALTH & PENSION FUND</p> <p>11.b. Approximate dollar value of such dealing. \$15,000,000.00</p> <p>12.a. Nature of interest held or income received.</p> <p>EDUCATIONAL CONFERENCE INTERNATIONAL BENEFIT FOUNDATION - NEW ORLEANS</p> <p>12.b. Amount. \$1310.00</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>